

Data Management Report

August 2017

Quality Management
Data Management Report

Table of Contents

- A** Demographics for HCBS Waiver Recipients
- B:** Transitions, Enrollment and Conversions
- C:** Protection From Harm
 - Complaints
 - Incidents
 - Investigations
- D:** Due Process / Freedom of Choice
- E:** Provider Qualifications / Monitoring
 - Day-Residential Providers
 - Personal Assistance
 - ISC Providers
 - Behavioral Providers
 - Nursing Providers
 - Therapy Providers
 - QA Summary
 - Personal Funds

A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

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The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

[illegible]

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

[illegible][illegible][illegible][illegible]

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

[illegible]

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
CAC	0												0
SD Waiver	0												0
Statewide Waiver	0												0
Total Waiver Enrollments	0												0

CAC Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total CAC Waiver	0												0

SD Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total SD Waiver	0												0

Statewide Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FYTD
East	0												0
Middle	0												0
West	0												0
Grand Total Statewide Waiver	0												0

Analysis

There were 0 waiver enrollments for July 2017.

[illegible][illegible][illegible]

Analysis:

Census reflects the number of people in the facility on the last day of the month.

[illegible][illegible][illegible]

West Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Census [June 2017 48]	48												FYTD
Admissions	0												0
Discharges													
Death	0												0
Transition to another dev center	0												0
Transition to public state ICF	0												0
Transition to private ICF	0												0
Transition to waiver program	0												0
Transition to non DIDD srvs	0												0
Total Discharges	0												0

Analysis:

For July 2017 HJC had 1 admission and 1 discharge bringing the census to 14. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 35 , WTCH had 0 discharges and 0 admission which held the census to 48.

Data Source:

[illegible][illegible]

Complaints by Issue - CAC	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Total Number of Complaints	3											
# Behavior Issues	0											
% Behavior Issues	N/A											
# Day Service Issues	1											
% Day Service Issues	33%											
# Environmental Issues	0											
% Environmental Issues	N/A											
# Financial Issues	0											
% Financial Issues	N/A											
# Health Issues	1											
% Health Issues	33%											
# Human Rights Issues	0											
% Human Rights Issues	N/A											
# ISC Issues	0											
% ISC Issues	N/A											
# ISP Issues	0											
% ISP Issues	N/A											
# Staffing Issues	1											
% Staffing Issues	33%											
# Therapy Issues	0											
% Therapy Issues	N/A											
# Transportation Issues	0											
% Transportation Issues	N/A											
# Case Management Issues	0											
% Case Management Issues	N/A											
# Other Issues	0											
% Other Issues	N/A											

Analysis:

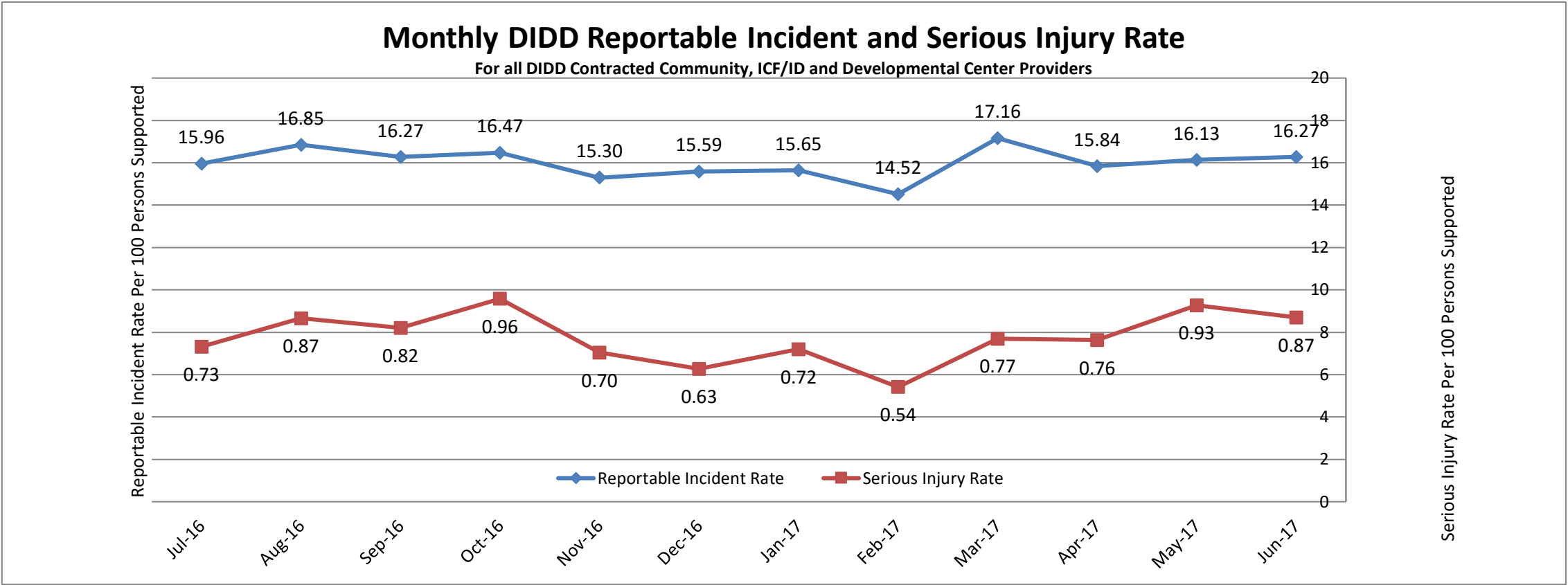
CUSTOMER FOCUSED SERVICES ANALYSIS FOR JULY, 2017 REPORT.

There were **(9) COSMOS COMPLAINT ISSUES** statewide as documented in Crystal Reports. There were five **(3) CAC Waiver** complaints, eight **(6) Statewide Waiver** complaints and zero **(0) SD Waiver** complaints. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those that were due, there was **100% compliance** in resolving complaints within 30 days for the month of **July 2017**.

COSMOS COMPLAINT ISSUES involved: Staff Supervision/Management **(2)**, Staff Treatment **(1)**, Human Rights **(2)**, Financial **(1)**, Health **(1)** and Day services **(2)**.

There were **79 ADOVACAY INTERVENTIONS** completed by the statewide CFS team in **July 2017**. **Advocacy Interventions are: Conflict-Resolution facilitations conducted by CFS, as requested, that are not formal complaints documented in COSMOS.*

FOCUS GROUPS: **(6)** were held in Nashville, Memphis, Jackson, Knoxville, Morristown and Greeneville this month. There were approximately **357** participants in the Focus Groups. Topics included: Independence, *10 Pillars of Good Communication*, Job Lead Information, Rights, Mega-Conference experiences and Successful Citizenship. ***Focus Group numbers have significantly increased this month (up 57%) due to recommencement of the Middle Regional Focus Groups.**

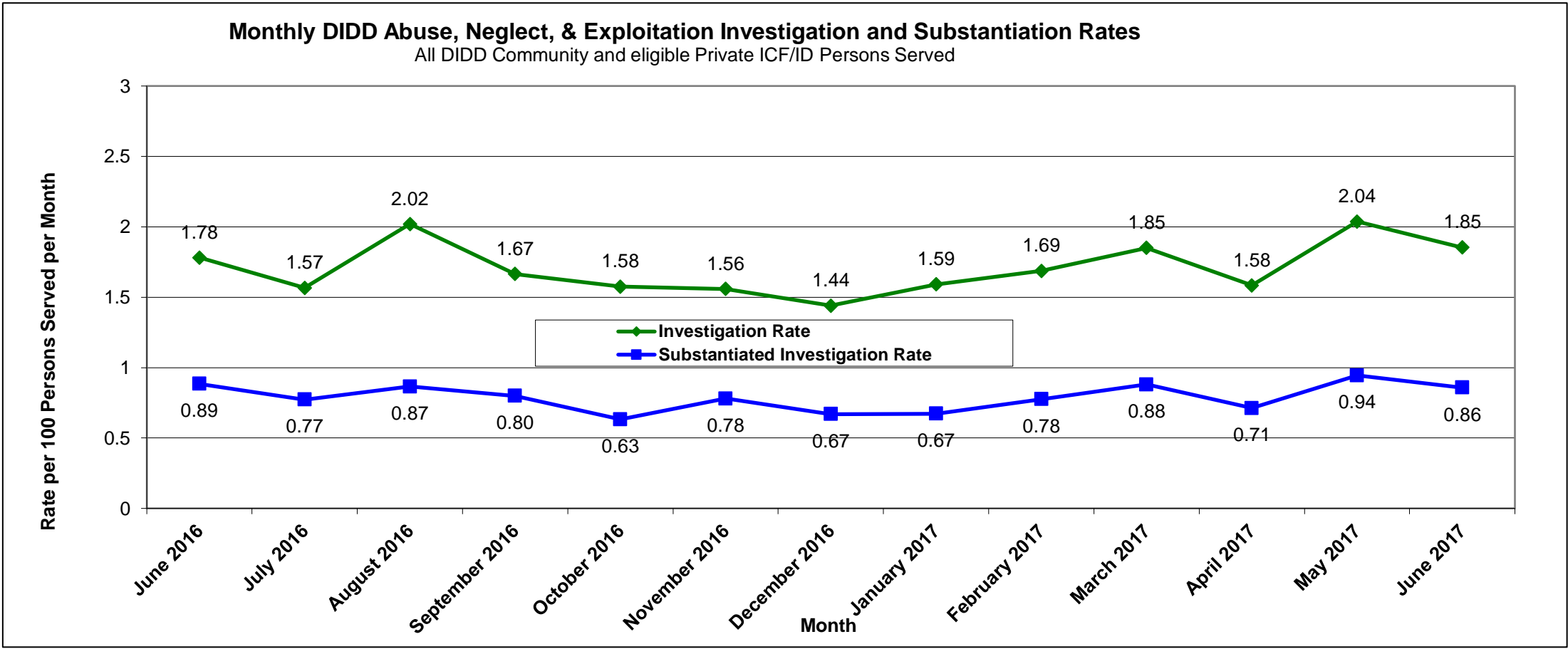


PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for June 2017 increased from 16.05 to 16.27. The rate of Serious Injury per 100 persons supported decreased from 0.92 to 0.87. The rate of Falls per 100 persons supported increased from 1.06 to 1.19. The number of Serious Injuries due to Falls increased from 33 to 43. The percentage of Serious Injuries due to Falls was 56.6%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for July 2015 – June 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, July 2015 – June 2016, was 16.17 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, July 2016 – June 2017, is 16.00 per 100 persons supported. Analysis showed a decrease of 0.17 in the average incident rate.



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of June, 2017, 162 investigations were completed across the State. The statewide average for the past 12 months was 152 investigations. Forty-two (42) of these originated in the East Region, fifty-eight (58) in the Middle Region, and sixty-two (62) in the West Region. East increased by 21 investigations from the previous month, with Middle decreasing by 20 investigations and West by 2 investigations. The last 12 month average of investigations closed for East was 39, Middle 58 and West 54.

Statewide, investigations were opened at a rate of 1.85 investigations per 100 people served and the census was 8740 (8786 in May). The twelve month average is 1.70 investigations per 100 people served. The East opened investigations at a rate of 1.33 investigations per 100 people served, census of 3164 (3178 in May). East's twelve month average is 1.21 investigations per 100 people served. Middle opened investigations at a rate of 1.85 investigations per 100 people served, census of 3138 (3178 in May) and the average for the last 12 months is 1.82. West opened investigations at a rate of 2.54 per 100 people served, census of 2438 (2446 in May), and their average for the past twelve months is 2.19 investigations per 100 people served.

Seventy-five, or 46%, of the 162 investigations opened statewide in June, 2017, were substantiated for abuse, neglect, or exploitation. This was consistent with the previous month, which was 83 substantiated investigations and 46%. The statewide average of substantiated investigations for the past twelve months was 70 substantiated investigations or 46%. West substantiated investigations at 35% per 100 people (22 substantiated investigations), compared to the 55% substantiated in the East (23 substantiated investigations), and the 52% substantiated in the Middle (30 substantiated investigations). The monthly average of the substantiated investigations by region for the past 12 months is 43% East, 53% Middle, and 42% West. This is consistent with the previous month average.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at .86 during June, 2017. The West substantiated investigations at the rate of .90 substantiated investigations per 100 people served, Middle with .96 substantiated investigations per 100 people served, and East .73 substantiated investigations per 100 people served. The percentage of investigations substantiated for the past 12 months is .78 statewide; .52 East, .94, Middle and .91 West.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

[illegible]

[illegible]

[illegible]

[illegible]

Appeals:

The DIDD received 5 appeals in June, compared to 6 received during the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month and Fiscal Year 2017 averaged 8.3 appeals received per month (27.2% decrease in volume).

The DIDD received 7554 service requests in June compared to 7533 received during the previous month (.3% increase in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month compared to 7166 for Fiscal Year 2017 (3.1% decrease in volume).

3.5% of service plans were denied statewide in June compared to 2.9% during the previous month, indicating a .6% increase in adverse actions. The average of

Directives:

No directives were received statewide during this reporting month.

Cost Avoidance:

There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

There were no sanctioning or fining issues this month.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	12				91			
Total Census of Providers Surveyed	738				3773			
# of Sample Size	95				574			
% of Individuals Surveyed	13%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	89%	9%	1%	0%
Outcome B. Services and supports are provided according to the person's plan.	83%	16%	0%	0%	64%	31%	3%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	91%	8%	0%	0%	68%	25%	6%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	75%	25%	0%	0%	86%	13%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	41%	58%	0%	0%	39%	56%	4%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	83%	8%	8%	0%	73%	16%	7%	2%
Domain 5: Health								
Outcome A. The person has the best possible health.	91%	8%	0%	0%	69%	26%	4%	0%
Outcome B. The person takes medications as prescribed.	83%	8%	8%	0%	66%	26%	4%	2%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	90%	10%	0%	0%	96%	3%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	95%	4%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	91%	8%	0%	0%	70%	25%	4%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	66%	33%	0%	0%	65%	31%	2%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	66%			33%	64%			35%
Outcome C. Provider staff are adequately supported.	66%	33%	0%	0%	80%	19%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	95%	3%	1%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	83%	16%	0%	0%	73%	20%	5%	0%
Outcome B. People's personal funds are managed appropriately.	50%	50%	0%	0%	50%	38%	9%	1%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month	1				4			
Total Census of Providers Surveyed	1				70			
# of Sample Size	1				11			
% of Individuals Surveyed	100%				16%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	75%	25%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	1%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	25%	75%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					1%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	1%	1%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	0%	100%	0%	0%
Indicator 9.B.2.: Provider staff have received	0%			100%	0%			100%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	75%	25%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	0%	100%	0%	0%	50%	50%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				9			
Total Census of Providers Surveyed	61				305			
# of Sample Size	6				42			
% of Individuals Surveyed	10%				14%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	11%	55%	33%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	66%	33%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	11%	77%	11%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	77%	22%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	77%	22%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	88%	11%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					75%	25%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	11%	77%	11%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	88%	11%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					66%			33%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month					1			
Total Census of Providers Surveyed					11			
# of Sample Size					4			
% of Individuals Surveyed	#DIV/0!				36%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.					100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.					100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					100%	0%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.					100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					100%			0%
Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					100%	0%	0%	0%

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				12			
Total Census of Providers Surveyed	16				808			
# of Sample Size	4				75			
% of Individuals Surveyed	25%				9%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	25%	58%	8%	0%
Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	25%	58%	8%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	41%	41%	8%	8%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	75%	25%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	83%	16%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					66%	33%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	50%	41%	8%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	91%	8%	0%	0%
Indicator 9.B.2.: Provider staff have received					66%			33%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	77%	22%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	83%	16%	0%	0%

QA Summary for QM Report (thru 7/2017 data)

Performance Overview- Calendar Year 2017 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	23%	30%	25%	N/A	11%	100%	9%
Proficient	40%	35%	75%	N/A	56%	N/A	50%
Fair	33%	35%	N/A	N/A	33%	N/A	33%
Significant Concerns	1%	N/A	N/A	N/A	N/A	N/A	8%
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	117	91	4	N/A	9	1	12

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewedEast- Cumberland Mountain Industries, Meritan, Michael Dunn Center, Mountain Visions, Tri-County Center; Middle- Journeys in Community Living, Pacesetters, Volunteer Staffing / The Access Program; West- Behavioral Services of Tennessee, Omni Visions, C. S. Patterson, Brenda Richardson Memorial Care Homes.

East Region:
Cumberland Mountain Industries, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. This is the same score that the agency received in 2016; however, the range for 2016 was Exceptional Performance. This decrease in range was specific to issues identified in Domain 3 (SC-PC). Also, an increase in compliance was identified in Domain 10 (PC-SC).

The provider should focus efforts to ensure the following:

- Unannounced visits include weekends.

Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

A Sanction Warning letter was sent to the provider on July 26, 2017 regarding New Hire Staff Qualifications.

Meritan, Inc.: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same score that the agency received in 2016.
Personal funds accounts: 4 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure:

- an adequate separation of duties for management of the person's funds is maintained, check numbers are listed on all deposits, and Cash Spending Logs are appropriately maintained.

Tri-County Center: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. This is the same score that the agency received in 2016.
Personal funds accounts: 4 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure: monthly bank account balances do not exceed the maximum allowed for eligibility, Personal allowance ledgers are utilized appropriately,
A Sanction Warning letter was sent to the provider on July 26, 2017 regarding New Hire Staff Qualifications.

Mountain Visions, Inc. The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (52 - Proficient in 2016). This increase in compliance was specific to improvements identified in Domain 10 (PC-SC).
Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Michael Dunn Center: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. Compared to their 2016 survey results, this is a 4-point decrease in compliance (54-Exceptional in 2016). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) and 10 (SC-PC).
The provider should focus efforts to ensure the following:

- Provision of services and supports are documented in accordance with the plan (This is a repeat issue – Indicator 2.B.5).
- Staffing plans are present and contain no issues.
- A system that ensures the routine inspection of all agency owned vehicles is implemented.
- Medication administration records are appropriately maintained.
- There are sufficient staff who have received job coach training.
- Staff have received appropriate training.
- The agency provides and bills for services in accordance with DIDD requirements.

Personal funds accounts: 4 accounts were reviewed, 3 contained issues. The provider should focus efforts to ensure: images of checks written are maintained, personal allowance ledgers are utilized appropriately, and Personal Property Inventories are appropriately maintained.
A recoupment letter is forthcoming regarding issues with documentation that did not support the provision of the service. Most of the issues are related to the agency billing for Employment services when notes reflected that FB day was provided.

Middle Region:

Journeys in Community Living- Day/Res, Medical Residential, and Personal Assistance: The exit conference was conducted on July 14, 2017.

Scored 48 Proficient on the 2017 QA Survey. Scored 46 Fair on the 2016 QA Survey.

- Domain 3 decreased from Substantial to Partial Compliance.
- Domains 4 & 10 increased from Partial to Substantial Compliance.
- Domains 5 & 9 remained Partial Compliance.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 97.6% compliant for the 42 new employees reviewed. Documentation inconsistently reflected the resolution of issues identified during the completion of unannounced supervisory visits for five of the seven homes reviewed during the survey process. A trend analysis of medication variance data was completed on a monthly basis; however, due to the large number of medication errors identified during the survey that had not been reported by the agency, this information could not be considered valid.
- Domain 5: Concerns were identified with physician ordered treatments and a nutritional substance being inconsistently provided due to unavailability, a piece of the equipment for a nebulizer was missing, and treatments did not occur per physicians' orders for two individuals reviewed. The required documentation was not submitted to the prescribing practitioner during reviews of psychotropic medications for two individuals in the sample.
 - Outcome 5.B. scored Minimal Compliance due to an ongoing pattern of medication errors being noted. Issues included medications not being administered, medications not being available in the home, incorrect dosages of sliding scale insulin being administered, and other unexplained omissions. In most cases, Medication Variance forms were not completed.

Domain 9: Training was completed per requirements with a compliance rating of 100% for all modules. Tenured Staff training was 100% compliant for the 20 employees reviewed. The agency inconsistently

- completed the required unannounced supervisory visits to the residential sites. Visits were completed monthly to the Personal Assistance sites; however, documentation did not indicate if the visits were announced or unannounced.
- Domain 10: Minor billing issues were identified for one person receiving day services. A rate adjustment occurred. Two individuals' bank accounts were over the allowable threshold. Five individuals were reviewed for Personal Funds Management with no issues identified.

Pacesetters, Inc.- Day/Res, Medical Residential, and Personal Assistance:

The exit conference was conducted on July 14, 2017.

- Scored 48 Proficient on the 2017 QA Survey. Scored 48 Proficient on the 2016 QA Survey.
- Domain 9 decreased from Substantial to Partial Compliance.
- Domain 10 increased from Partial to Substantial Compliance.
- Domains 3 & 5 remained Partial Compliance.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 100% compliant for the 60 new employees reviewed. Fire drills were not documented as required for the Putnam County Day Center for seven out of twelve months. Documentation inconsistently reflected the resolution of issues identified during the completion of unannounced supervisory visits for the residential sites in Putnam County. One incident of under-reporting was identified and corrected during the survey process.
- Domain 5: While no systemic issues were identified with medication administration, an incident occurred where one person received the wrong medication and was hospitalized. One staff had a lapse in medication administration certification and continued to administer medications.
- Domain 9: Training was completed per requirements with a compliance rating of 100% for all modules with the exception of Medication Administration which was 97.7%. Tenured Staff training was 90% compliant or above for the 20 employees reviewed. Unannounced supervisory visits were not completed as required for the Putnam County Supported Living and Personal Assistance sites reviewed during the survey process.
- Domain 10: No billing issues were identified. Minor Personal Funds Management issues were identified for 4 out of 4 persons reviewed due to sales tax being applied to food stamp purchases.

Volunteer Staffing- Day/Res, Nursing, and Personal Assistance:

The exit conference was conducted on July 18, 2017.

- Scored 54 Exceptional on the 2017 QA Survey. Scored 54 Exceptional on the 2016 QA Survey.
- Domain 3: Criminal Background and the State of Tennessee Registry checks were 93% compliant for the 57 new employees reviewed.
- Domain 9: Training was completed per requirements with a compliance rating at or above 98% for all modules. Tenured Staff training was 90% compliant or above for the 20 employees reviewed.

Domain 10: A minor billing issue was identified for Community Based Day services for one individual for two days. A rate adjustment occurred. One minor Personal Funds Management issue was identified due to lack of maintenance of a receipt for 1 of 4 persons reviewed. One individual's account had over the allowable limit for two months.

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West Region:

Omni Visions – Day/Res provider scored 52 of 54 / Exceptional Performance on the QA survey exited 7/21/17. Compared to their 2016 survey results, this is a 4-point increase in compliance (48-Proficient in 2016) related to improvements identified in Domains 5 (PC-SC) and 9 (PC-SC) and issues noted in Domain 10 (PC-PC).

- The agency needs to ensure:
 - Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
 - Informed consents for the use of psychotropic medications are completed timely and kept current;
 - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications are completed timely and kept current;
 - Tenured staff completes required training timely.
- Outcome 10A, billing, scored SC.
 - For one person for PA service, overbilling of a few units of service was noted on three occasions.
 - For three people, day service was occasionally billed when documentation presented did not support a six hour day.
- Outcome 10B, personal funds management, scored PC.
 - Four out of six persons surveyed had checking account balances that exceeded the maximum allowed for eligibility.

Behavioral Services of TN – Day/Res provider scored 46 of 54/ Fair on the QA survey exited 6/16/17. Compared to their 2016 survey results, this is an 8-point decrease in compliance (54-Exceptional Performance in 2016) related to issues identified in Domains 2 (SC-PC), 4 (SC-PC), 9 (SC-PC) and 10 (SC-PC).

- The agency needs to ensure:
 - Documentation supports the required number of staff are present;
 - CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - The agency's Crisis Intervention Policy is approved by a Human Rights Committee;
 - Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
 - Informed consents for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
 - Human Rights Committee reviews and, as required, approvals for the use of psychotropic medications and for ISP restrictions are completed timely and kept current;
 - Medication Administration Records are maintained as required
 - Tenured staff completes required training timely.
- Outcome 10A, billing, scored PC.
 - Issues were noted for two of the four people on the sample who received Supported Living services; no or isolated billing issues were noted for other services reviewed.
- Outcome 10B, personal funds management, scored PC.
- The agency needs to ensure
 - Bank accounts are reconciled on reconciliation forms for each month.
 - Personal allowance logs and food stamp information are maintained.
 - Receipts for lawn care and general purchases are maintained.

C.S. Patterson – Day/Res provider scored 54 of 54/Exceptional Performance on the QA survey exited 7/20/17. This is the same score as the 2016 survey.

- The agency needs to ensure:
 - Documentation of reportable incidents is complete; incidents are reported to all required parties timely;
 - Expired medications are disposed of per agency policy
 - Documentation supports unannounced supervisory visits of staff are completed in the required frequency
- Outcome 10A, billing, scored SC.
 - For three people, day service was occasionally billed when documentation presented did not support a six hour day.
- Outcome 10B, personal funds management, scored PC.
 - Two of four persons surveyed had checking account balances that exceeded the maximum allowed for eligibility.

Brenda Richardson Memorial Care Home – Day/Res provider scored 54 of 54/ Exceptional Performance on the QA survey exited 7/21/17. Compared to their 2016 survey results, this is a 2-point increase in compliance (52-Exceptional Performance in 2016) related to improvements identified in Domain 10 (PC-SC).

- The agency needs to ensure:
 - All new and tenured staff completes required trainings timely.
- Outcome 10A, billing, scored SC.
 - No billing issues were noted
- Outcome 10B, personal funds management, scored SC.

Personal Assistance: : Providers reviewed East: no reviews; Middle: no reviews; West: Mic's Place.

West Region:

Mic's Place – Provider of Personal Assistance and Day services for one person scored 50 of 54/Proficient on the QA survey exited July 7, 2017. Compared to their 2016 survey results, this is a 4-point decrease in compliance (54-Exceptional in 2016) related to issues identified in Domains 9 (SC-PC) and 10 (SC-PC).

- The agency needs to ensure:
 - Continuation of DIDD exemptions that are time limited is requested before the exemption expires;
 - Training is completed timely by staff (a sanction warning is pending);
 - Only units of service supported by documentation are billed; and
 - The agency's self-assessment and quality improvement planning processes are updated to address findings of this review, as warranted.
- Outcome 10A, billing, scored PC as documentation did not support the number of units billed on numerous occasions; a letter of recoupment is pending.

ISC Providers: Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :

Providers : Providers reviewed: East-no reviews; Middle- no reviews; West- Sympathetic Steps to Success.

West Region:

Sympathetic Steps to Success – Behavior provider scored 32 of 36/Proficient on the QA survey exited 7/1/17. Compared to their 2016 survey results, this is a 2-point decrease in compliance (34-Proficient in 2016) related to issues identified in Domains 2 (SC-PC) and 9 (PC-PC).

- The agency needs to ensure:
 - Annual Updates, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - Communication with the ISC is documented when changes to the ISP behavioral outcomes are needed
 - Quality Improvement planning documentation reflects issues identified in the provider's self-assessment
- Outcome 10A, billing, scored SC.
 - Two isolated billing issues were noted.
- Outcome 10B, personal funds management, was not reviewed, as neither the provider agency nor any paid staff is involved in management of the persons funds

Nursing Providers: Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:

Providers reviewed: East- no reviews; Middle- Focus on Function; West- no reviews.

Middle Region:

Focus on Function- Occupational Therapy: The exit conference was conducted July 19, 2017.

- Scored 34 Proficient due to the requirement that Clinical Providers score. Substantial in Domain 2 in order to obtain an exceptional rating.
- Scored 36 Exceptional on the 2016 QA Survey.
- Domain 2 decreased from Substantial to Partial Compliance.
- Domain 2: Issues were identified with Staff Instructions containing recommendations for specific parameters that were not ordered by the individual's physician.
- Domain 3: There were no new employees hired during the review period.
- Domain 10: There were no billing issues identified.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews:

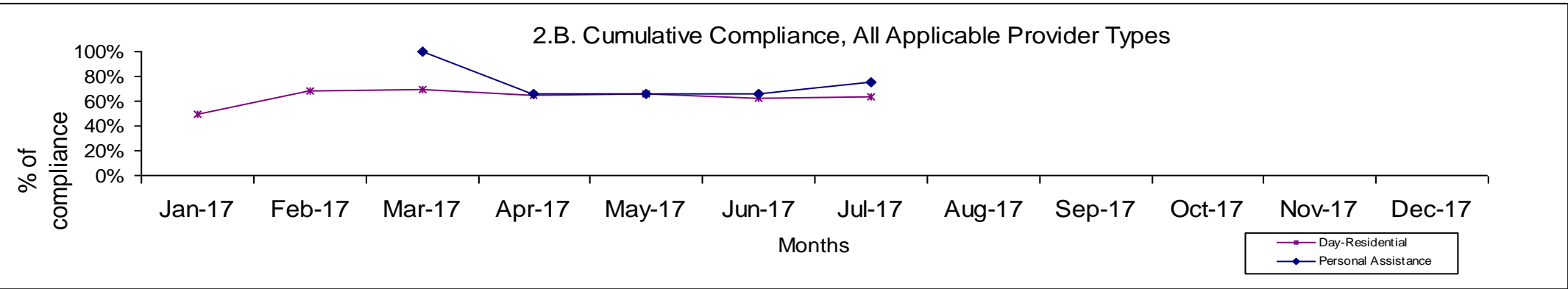
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

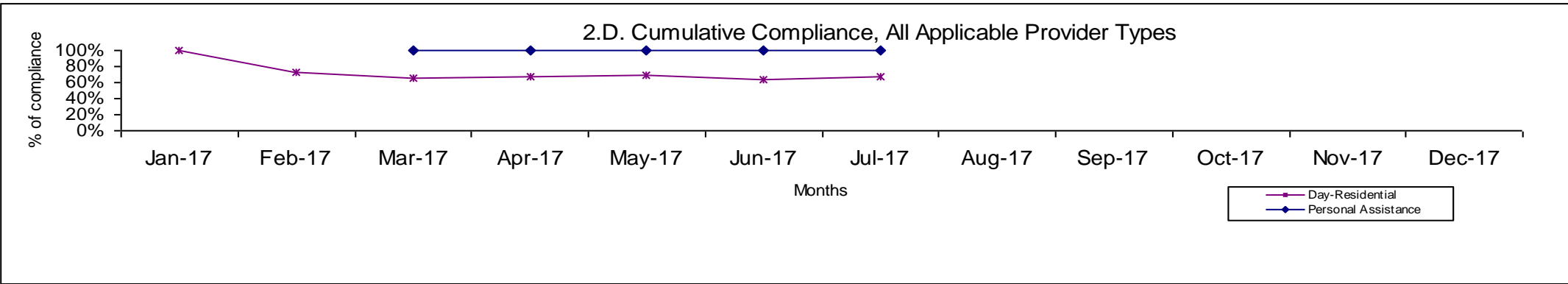
Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	83%	91%
Personal Assistance	100%	100%

Cumulative Data:



Cumulative Data:

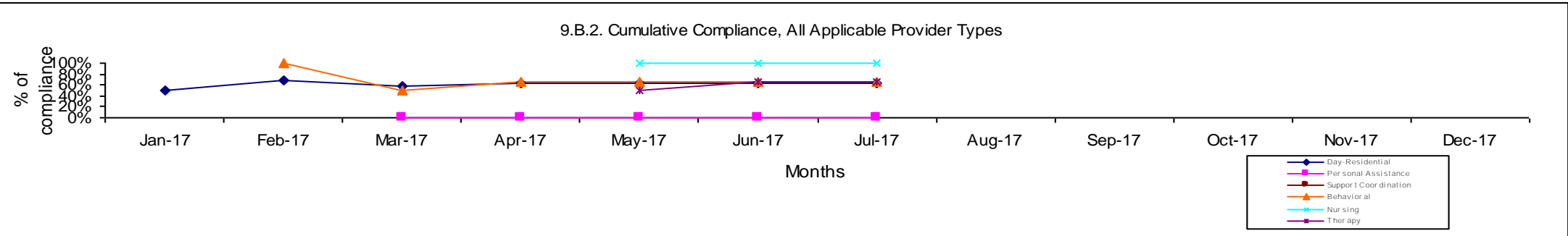


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	66%
Personal Assistance	0%
Support Coordination	N/A
Behavioral	N/A
Nursing	N/A
Therapy	N/A

Cumulative Data:



F	Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds
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Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	8	28	24	15	19	20					
	# of Individual Personal Funds Accounts Fully Accounted For	1	2	19	21	11	7	14					
	# of Personal Funds Accounts Found Deficient	0	6	9	3	4	12	6					
	% of Personal Funds Fully Accounted for	100%	25%	68%	88%	73%	37%	70%					
	% of Personal Funds Found Deficient	0%	75%	32%	13%	27%	63%	30%					

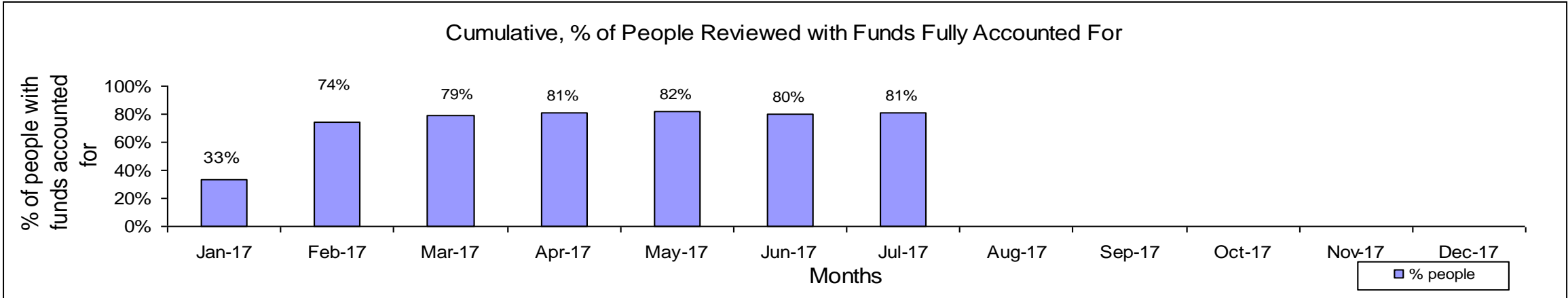
	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	4	19	18	11	17	18	13					
	# of Individual Personal Funds Accounts Fully Accounted For	0	18	18	8	17	18	13					
	# of Personal Funds Accounts Found Deficient	4	1	0	3	0	0	0					
	% of Personal Funds Fully Accounted for	0%	95%	100%	73%	100%	100%	100%					
	% of Personal Funds Found Deficient	100%	5%	0%	27%	0%	0%	0%					

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	10	19	13	15	21	14					
	# of Individual Personal Funds Accounts Fully Accounted For	1	10	16	13	11	18	12					
	# of Personal Funds Accounts Found Deficient	0	0	3	0	4	3	2					
	% of Personal Funds Fully Accounted for	100%	100%	84%	100%	73%	86%	86%					
	% of Personal Funds Found Deficient	0%	0%	16%	0%	27%	14%	14%					

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	37	65	48	47	58	47					
	# of Individual Personal Funds Accounts Fully Accounted For	2	30	53	42	39	43	39					
	# of Personal Funds Accounts Found Deficient	4	7	12	6	8	15	8					
	% of Personal Funds Fully Accounted for	33%	81%	82%	88%	83%	74%	83%					
	% of Personal Funds Found Deficient	67%	19%	18%	13%	17%	26%	17%					

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	43	108	156	203	261	308					
	# of Individual Personal Funds Accounts Fully Accounted For	2	32	85	127	166	209	248					
	# of Personal Funds Accounts Found Deficient	4	11	23	29	37	52	60					
	% Funds Accounted for, Cumulatively	33%	74%	79%	81%	82%	80%	81%					
	% Funds Deficient, Cumulatively	67%	26%	21%	19%	18%	20%	19%					

Region	% of Personal Funds Fully Accounted For
East	70%
Middle	100%
West	86%
Statewide	83%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.
See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.